

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT FOR THE STATE OF MISSISSIPPI
HATTIESBURG DIVISION

UNITED STATES OF AMERICA, ex rel
SHERIE CONRAD

*
*
*
*
*
*
*
*

CIVIL ACTION

NUMBER: 2:99-cv-72-GR4

VERSUS

BLUE CROSS AND BLUE SHIELD OF
MISSISSIPPI, A MUTUAL INSURANCE
COMPANY, d/b/a TRI-SPAN HEALTH
SERVICES

JURY TRIAL REQUESTED

RELATOR'S PROPOSED JUROR QUESTIONNAIRE

NOW INTO COURT, through undersigned counsel, comes relator, Sherie Conrad, who respectfully requests that this Honorable Court submit the following questions to prospective jurors well in advance of the trial on the merits.

General Questions
PLEASE PRINT ALL ANSWERS LEGIBLY

FULL NAME: _____

1. Date and place of birth: _____

2. Area, neighborhood, or community in this county where you currently live (do not give your address):

☐ house ☐ apartment ☐ own ☐ rent

3. Area, neighborhood, or community where you have lived in the past 10 years (and dates):

4. What is the highest level of education you completed?

☐ grade school or less

☐ some college
(major):

☐ some high school

☐ college graduate
(major):

☐ other (*please explain*):

☐ postgraduate study
(major):

☐ technical, vocational, or business school
(major):

5. If you plan to attend or are currently attending school, describe:

6. If you have taken any courses, had any training, or been employed in the insurance industry, medicine or other health care field or auditing or accounting fields, describe:

7. If you have taken any courses, had any training, or been employed in law or a related subject, describe:

8. If you have taken any courses, had any training, or been employed in law enforcement, describe:

9. Educational background of any other adult who lives in your home, including any degrees or certificates earned:

10. Your present employment status (*check all that apply*):

- ☐ employed full-time ☐ retired ☐ unemployed ☐ looking for work
☐ employed part-time student ☐ homemaker

11. Your current or most recent occupation:

12. Name of your current or most recent employer or, if a student, your school:

13. What are your specific duties and responsibilities on the job?

14. Does your job involve supervising other people? ☐ yes ☐ no
If yes, approximately how many? _____

15. Are you involved in the hiring or firing of other employees? ☐ yes ☐ no

16. Are you involved in evaluating the job performance of other employees? ☐ yes ☐ no

17. All other employment you have had (and for how long):

18. All full-time employment of your spouse or any person with whom you have a significant personal relationship (and for how long):

19. What are/were the occupations of your parents? (if retired, what did they do before?)

Mother: _____

Father: _____

20. If you have children, please list (including any children who do not currently live with you):

| <u>Sex</u> | <u>Age</u> | <u>Does child live with you?</u> | <u>Education</u> | <u>Occupation</u> |
|------------|------------|----------------------------------|------------------|-------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

21. If you or your current spouse or person with whom you have a significant personal relationship has ever served in the military, please list for each the branch of service and dates of service:

22. What social, civic, professional, trade, or other organizations are you affiliated with?

23. Describe any offices you have held in organizations listed above:

24. Do you know anyone on this jury panel?

25. On how many cases have you served on a jury?

Where did you serve on a jury? _____

What kinds of cases did you hear while serving on a jury?

In how many of those cases did the jury reach a verdict? _____

In how many of those cases did you serve as the jury foreperson? _____

Was your jury service a positive or negative experience?

26. If you have ever been to court for any other reason (excluding divorce), explain:

27. If you personally know any judges or attorneys or court personnel, what are their names and relationship to you?

28. Describe any problems (vision, hearing, or other medical problems) that may affect your jury service:

29. If you or anyone close to you has ever made any type of claim for damages, explain:

30. If a claim for money damages has ever been made against you or anyone close to you, explain the circumstances:

31. If you or anyone close to you has ever sued or been sued in any type of lawsuit, explain:

32. Do you feel that money damages awarded in lawsuits are (*check one*):

☐ excessive

☐ often too large

☐ about right

☐ occasionally too low

☐ often too low

☐ other (*specify*):

33. If you have any ethical, religious, political, or other beliefs that may prevent you from serving as a juror, explain:

34. If there is any matter not covered by this questionnaire that could affect your ability to be a fair and impartial juror, explain:

35. With whom do you or your family members have health insurance, homeowner's insurance, automobile insurance, and/or disability insurance:

36. Have you or any members of your family ever worked for or had any experiences with Blue Cross Blue Shield of Mississippi or any of its affiliated companies; if so, please describe the employment and/or nature of the experience with Blue Cross Blue Shield or its affiliated companies:

Verification

I, _____, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING RESPONSES I HAVE GIVEN ON THIS JUROR QUESTIONNAIRE, AND ON ANY ATTACHED SHEETS, ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE

SIGNATURE

Respectfully submitted,

THE TRUITT LAW FIRM

A Limited Liability Company

S/Jack E. Truitt

JACK E. TRUITT, PRO HAC VICE NO.: 45101

149 North New Hampshire Street

Covington, Louisiana 70433

Telephone: (985)327-5266

Facsimile: (985) 327-5252

Email: mail@truittlaw.com

AND

MARK WOLFE, PRO HAC VICE NO.: 44237

WOLFE, BEGOUN & PICK, LLC

818 Howard Avenue, Suite 100

New Orleans, Louisiana 70113

Counsel for Sherie Conrad

CERTIFICATE OF SERVICE

I hereby certify that a copy of the above and foregoing has been duly served on all counsel of record by depositing same into the U.S. Mail, postage pre-paid, and/or by hand and/or by facsimile on June 24, 2009.

S/Jack E. Truitt

**JUROR QUESTIONNAIRE
FOR CIVIL CASES
Personal Injury Supplement**

FULL NAME: _____

2.1 IF YOU OR ANYONE CLOSE TO YOU HAS EVER BEEN INVOLVED IN AN ACCIDENT IN WHICH SOMEONE WAS INJURED, EXPLAIN:

2.2 PLACE A CHECK MARK ON THE APPROPRIATE LINE(S) IF YOU OR ANYONE CLOSE TO YOU HAS EVER BEEN EMPLOYED IN ANY CAPACITY BY ANY OF THE FOLLOWING TYPES OF BUSINESSES:

YOURSELF

OTHER PERSON

_____ **ANY COURT IN THE STATE OF CALIFORNIA**

_____ **ATTORNEY, LAW FIRM, OR LAW OFFICE**

_____ **CLAIMS ADJUSTMENT, EVALUATION, REVIEW, SETTLEMENT, OR INVESTIGATION**

_____ **ACCIDENT INVESTIGATION OR LAW ENFORCEMENT**

_____ **DISABILITY, HEALTH, LIFE, CASUALTY, OR ACCIDENTAL INJURY BENEFITS OR PROGRAMS**

_____ **ECONOMICS, ACTUARIAL, OR INVESTMENTS**

_____ **HEALTH CARE DOCTOR, NURSING, HOSPITAL, DENTAL, PHYSICAL THERAPY, PHARMACY, OR ANY RELATED FIELD**

2.3 IF YOU CHECKED ANY LINE IN THE PREVIOUS QUESTION (2.2), PLEASE STATE THE RELATIONSHIP OF THAT PERSON TO YOU, THE TYPE AND DETAILS OF THAT EMPLOYMENT, AND THE YEARS OF THAT EMPLOYMENT:

2.4 DO YOU HAVE ANY BELIEFS AGAINST AWARDING DAMAGES FOR PERSONAL INJURY, PAIN, OR SUFFERING?

☐ YES ☐ NO

IF YES, EXPLAIN:

2.5 DO YOU OR ANY MEMBERS OF YOUR IMMEDIATE FAMILY OR HOUSEHOLD SEE A DOCTOR OR OTHER MEDICAL PRACTITIONER REGULARLY FOR ANY CONTINUING MEDICAL PROBLEM?

☐ YES ☐ NO

IF YES, EXPLAIN:

**JUROR QUESTIONNAIRE
FOR CIVIL CASES
Verification**

I, _____, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF LOUISIANA THAT THE FOREGOING RESPONSES I HAVE GIVEN ON THIS JUROR QUESTIONNAIRE, AND ON ANY ATTACHED SHEETS, ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE

SIGNATURE